

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025135

6399

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 6 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5212 Cabanne

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EDWARD

L

SANDERS, SR.

4. DATE  
OF  
DEATH

Month

Day

Year

JUNE

26

1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-20-1904

## 9. AGE (last birthday)

58

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Greenwood Miss.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Henry Sanders

## 13b. MOTHER'S MAIDEN NAME

Maggie Gee

## 14. NAME OF HUSBAND OR WIFE

Charlene Sanders

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

8

## 17. INFORMANT

Address

Mrs. C. Sanders 5212 Cabanne

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MULTIPLE PULMONARY EMBOLI

INTERVAL BETWEEN  
ONSET AND DEATH

UNKNOWN

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) THROMBOPHLEBITIS OF LEGS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

INTRACEREBRAL HEMORRHAGE SECONDARY TO HYPERTENSION

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 1, 1962 to JUNE 26, 1962 and last saw her alive on JUNE 26, 1962

Death occurred at 2:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

6/27/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6-30-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park-cry

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Boyd Funeral Home 3704 Finney

## 25. DATE REGD. BY LOCAL REG.

JUN 28 1962

## 26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.